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|------------------------|------------------|
| Application Number | 10/727,128 |
| Filing Date | December 3, 2003 |
| First Named Inventor | Parente, et al. |
| Art Unit | 1761 |
| Examiner Name | Helen F. Pratt |
| Attorney Docket Number | 006943.00193 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 66811

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 66811

OR

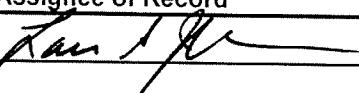
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--|-----------|--|
| Signature | Lars Johnson, Tropicana Products, Inc., Assistant Secretary  | | |
| Name | | | |
| Date | December 19, 2006 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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